

DISABILITY ASSESSMENT

☐ GAU
☐ TANF

SECTION A: CLIENT INFORMATION

CLIENT NAME	CLIENT IDENTIFICATION NUMBER	NSA? <input type="checkbox"/> Yes <input type="checkbox"/> No
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SECTION B: ASSESSMENT

Disabled: GAU and TANF clients who are not able to engage in any Substantial Gainful Activity (SGA) by reason of any medically determinable physical or mental **impairment(s)** which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months.

	YES	NO	N/A
1. Appears to meet presumptive Supplemental Security Income (SSI) eligibility criteria (see list below)	<input type="checkbox"/>	<input type="checkbox"/>	
2. Current disability condition was previously approved by DDDS/SSA	<input type="checkbox"/>	<input type="checkbox"/>	
3. Is currently disabled and will likely be disabled for 12 months or more (see above definition of "disabled")	<input type="checkbox"/>	<input type="checkbox"/>	
4. Age 55 or older and no longer medically capable of performing medium or heavy work	<input type="checkbox"/>	<input type="checkbox"/>	
5. Age 50 or older with a sedentary residual functional capacity with no high school degree/GED and no sedentary work experience	<input type="checkbox"/>	<input type="checkbox"/>	
6. Age and work, social, and educational history indicate that the person has significant barriers to participating in vocational rehabilitation services or training to learn to perform other work for at least 12 months	<input type="checkbox"/>	<input type="checkbox"/>	
7. Has been on GAU for same incapacity for 12 continuous months or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Person has been on TANF for 48 months or more WITHOUT part-time or full-time work (PT or FT) to serious or significant medical problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. WorkFirst participation has been deferred for 12 months or more for mental or physical health problems (XG or SM) based on objective medical evidence (see list below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Person has applied for SSI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When applicable items are marked yes, do the following:

FOR GAU CLIENTS:

- Use SSPS Code 6220 to pay for GA client medical record or evaluation services;
- Request GAX for the client (not necessary when case is active as GA-Disabled); and
- Refer to SSI Facilitator for decision on facilitation services.

FOR TANF CLIENTS:

- Request relevant past medical records and social services records (i.e., DDD services, Children's Services, DVR services, Mental Health services, HCS, etc.);
- Review client medical records for objective medical evidence;
- Conduct a case staffing to determine if case should receive SSI facilitation services; and
- When necessary, use Support Services Funds to pay for additional medical records or evaluation services.

COMMENTS

SOCIAL WORKER SIGNATURE	DATE
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DISTRIBUTION: One Copy to: 1) Contracted physician when requesting GAX; and 2) Electronic case record.

Section C: REFERENCE INFORMATION

Presumptive Disability Criteria (Applies to Section B Question 1 above only)

(This is a summary. Refer to SSI Facilitation Section in Social Services Manual for details.)

1. SSA is keeping this item in reserve for future use.
2. Amputation of a leg at the hip
3. Total blindness
4. Total deafness
5. Bed confinement or immobility without a wheelchair, walker, or crutches due to a long standing condition, excluding recent accident and recent surgery
6. Stroke (cerebral vascular accident) more than three months in the past and continued marked difficulty walking or using a hand or arm
7. Cerebral palsy, muscular dystrophy, or muscle atrophy and marked difficulty walking, speaking, or coordination of hands or arms
8. SSA is keeping this item in reserve for future use.
9. Down Syndrome
10. Severe mental deficiency requiring care and supervision of routine daily activities
11. Child under one year old with evidence of birth weight below 1200 grams (two pounds, 10 ounces)
12. Human Immunodeficiency Virus (HIV) infection
13. Child showing certain gestational ages and corresponding weights at birth (see OOMS Di 23535.005)
14. Receiving hospice services because of terminal cancer
15. Spinal cord injury with inability to ambulate without the use of a walker or bilateral hand-held assistive devices for more than two weeks following the injury.
16. End stage renal disease with ongoing dialysis
17. Amyotrophic lateral sclerosis (ALS, Lou Gehrig's disease)

Objective Evidence (Applies to Section B Question 9 only)

(Modified from WAC 388-448-0030)

Medical evidence must be in writing and be clear, objective and complete. Objective evidence means:

For physical impairment:

1. Pathology reports.
2. Laboratory test results.
3. Radiology findings including results of X-rays and computer imaging scans.
4. Clinical findings, including but not limited to ranges of joint motion, blood pressure, temperature or pulse; and observations from physical examination.
5. Hospital history and physical reports and admission and discharge summaries.
6. Other medical history and physical reports.

For mental impairment:

1. Clinical interview observations, including mental status exam results and interpretation.
2. Explanation of how examination findings meet the clinical and diagnostic criteria of the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM).
3. Testing results, if any, including description and interpretation of tests of memory, concentration, cognition or intelligence.